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Written on May 10, 2016 at 11:00 pm by [Navy Medicine](#)

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Naval Hospital Bremerton's Mental Health and SARP team help patients achieve abstinence, from one day on into the next.

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs

Naval Hospital Bremerton's Mental Health Department and Substance Abuse Rehabilitation Program (SARP) have been combining resources since 2011 to help patients with recovery, one day at a time. "SARP and Mental Health together provide very effective care, addressing issues as a team.

We have multiple experts addressing multiple issues with the goal of providing the best treatment all at once," said Lt. Kristen Marie Ruscio, Staff Psychologist and SARP division officer.

Mental Health and SARP supports the Fleet with timely application of expert mental health and substance rehabilitation resources. The overarching mission is to treat problems stemming from alcohol

and substance abuse, improve operational readiness, and promote healthy lifestyles. Program counselors design treatment guidance to meet the individual needs of active duty service members and their families. Sailors and Marines learn about basic life skills, stress management and the effects of alcoholism and substance abuse disorders (SUDs).

“Combining what we do in SARP with Mental Health is not just Navy Medicine guidance but is also incredibly important. It allows us to be clinically prepared to address any co-occurring disorders that are extremely common in any substance abuse. We can verify the substance abuse and see if there are any other issues with such assets as counseling, therapy, medication and guidance,” Ruscio said.

According to Ruscio, additional concerns identified that possibly prevent clients from getting clean and sober will be addressed for treating. Examples may be co-occurring disorders, family of origin issues and other problems along with their substance dependence. Mental Health and SARP together are also seeing more individuals with co-occurring disorders such as depression, anxiety, and Post Traumatic Stress Disorder (PTSD).

“Someone could have PTSD as well as alcohol dependency that needs a treatment regime to handle both conditions,” said Ruscio.

Mental Health and SARP work hand in hand to facilitate that total treatment regime. Ruscio cites that sometimes co-occurring issues may not arise until after treatment programs are started. Identifying the issue(s) is step one. Once identified, the treatment team can often move into action after only a few sessions. The communication and cooperation between the separate departments allows for the individuals to achieve coping skills, improve life skills, enhance mental health and overcome any initial resistance to change.

“All our counselors know about resistance. ‘How open is a person?’ is a question we wonder during any counseling session. There are multiple ways to get a sense of what is going on, especially when combining the resources of SARP with a licensed provider and mental health professional. We are in a profession to help. We do see patients who have had some type of trauma in their background. Self-care is so important, which is why SARP is a treatment team, and the support of colleagues is so important,” explained Ruscio.

Ruscio attests that addiction is a relapsing disease. Working with those struggling can be dealing with a lot of resistance. Mental Health and SARP goal is to balance working with them and without enabling them to continue their addictive behavior.

“It’s a huge advantage to have SARP with Mental Health. We work so closely together. We all get together at least once a week, and every day if needed on a specific patient or treatment plan even if just to share, ‘here’s what we’re seeing,’” Ruscio said.

Ruscio states that approximately 25 percent of their patients are self-referrals, usually a result of a family member, co-workers or friend saying something, or something happens that is a tipping point.

“Sometimes it’s finances, or the amount of time spent, or using alcohol to help sleep or manage stress. Whether family member or active duty, they can walk (in) or call or go through their provider. If the provider is concerned, a referral will be sent to get the patient screened,” said Ruscio, adding that the majority of active duty personnel will go through their command DAPA (Drug Alcohol Program Advisor).

It can take up to approximately two weeks from when DAPA gets involved to when a patient gets screened. There are questionnaires on paper and on computer. The goal is to get an overall sense of not

only their alcohol use but life in general. Then patient and counselor meet for a very comprehensive conversation. All patients have a plan in place for one of three levels of education and treatment before they start.

“The first order of business is abstinence to all mood-altering substances that starts immediately,” stressed Ruscio.

There are three specific treatment levels. There is a three-day education program provided to someone who had an incident but doesn’t have a disorder or dependency issue.

The Level One Outpatient Treatment is an early-intervention two-week program, followed up by once a month meetings for three months to maintain accountability.

“This is mostly group-based with educational material, process groups, and interactive lectures. Each patient is assigned a counselor to meet with for their plans and goals. A main difference for someone in this level is that their substance abuse disorder is considered mild and that they have the wherewithal to practice responsible use as opposed to needing complete lifetime abstinence. One of the goals is how to use and not abuse and be able to handle stressors in their life,” Ruscio explained.

Level Two is an intensive five week out-patient treatment program. The guidelines revolve around continuous engaging in sobriety. There are group sessions, educational interactive lectures, sober-living activities such as physical training, nature hikes, even yoga classes and nutritional lessons.

“It’s all geared towards finding life-balance without any substance use or abuse,” said Ruscio, citing that one of the most gratifying aspects is when patients come back and they share how coming into one of the SARP programs has changed their life.

“We’ve seen changes, positive changes, take place. There were two DAPAs here recently and both said they went through the treatment and they believe in the program so much they wanted to make an influence on others. That’s making a positive impact. That’s what the program is all about,” commented Ruscio.

In a Jan. 2015 study from the Centers for Disease Control and Prevention excessive, alcohol use is the third leading cause of preventable death in the U.S.

“Intensive out-patient treatment is the bulk of the work we do. Our continuing care program has expanded to Branch Health Clinic Everett to also allow availability of care for one-on-one counseling that has decreased the commute time to NHB resulting in much less time lost in the fleet for patients. We have a very good program, even the Joint Commission commented as such,” shared Ruscio.

NHB’s recent Joint Commission survey results had nothing but accolades for NHB’s Mental Health team and the collaboration with SARP for substance abuse treatment.

“It’s what we do that lead to a really great inspection,” exclaimed Ruscio.

Navy Medicine and NHB parallel the recommendations of the U.S. Preventive Services Task Force to screen adults for alcohol misuse and provide to those engaged in risky or hazardous drinking behaviors behavioral counseling to reduce that type of behavior.

Additionally, NHB’s Tobacco Cessation (TC) program – the longest running and most successful TC Program in the Navy – has been clinically run by SARP counselors since 1998 when it was recognized that nicotine dependence was similar to alcohol or any other substance and it needed to be treated as

such.

Compiled statistics show that if a person quits tobacco when they quit alcohol, they have a 30 percent greater chance of remaining abstinent from both.

NHB's Mental Health and SARP team continues to help patients achieve abstinence, from one day on into the next.

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